

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number		Filing Date				
							10598281						
							Applicant(s) Dana Benesh						
							* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1		---	---	---	---	51						
2		1	---	---	---	---	52						
3		1		(1)	---	---	53						
4		1		(1)	---	---	54						
5		1		(1)	---	---	55						
6		1		(1)	---	---	56						
7		1	---	---	---	---	57						
8		1	---	---	---	---	58						
9		1		(1)	---	---	59						
10		1		(1)	---	---	60						
11		1		(1)	---	---	61						
12		1		(1)	---	---	62						
13		1	---	---	---	---	63						
14		1	---	---	---	---	64						
15		2	---	---	---	---	65						
16		2	---	---	---	---	66						
17	1		1		1		67						
18		2	---	---	---	---	68						
19		2	---	---	---	---	69						
20		2	---	---	---	---	70						
21		2	---	---	---	---	71						
22		2	---	---	---	---	72						
23		2	---	---	---	---	73						
24			1		---	---	74						
25			1		---	---	75						
26				1	---	---	76						
27				1		1	77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	2		3		1								
Total Depend	29	↙	10	↙	1	↙							
Total Claims	31		13		2								